

Action Notice of Termination

447-54T (Rev.10/2002)

Pursuant to Sections 1704 through 1707 and/or 1673 or 1756 of the Insurance Code

Insurer Name: _____

FEIN: _____ NAIC # _____ CA Company # _____

Federal Employer Identification Number

To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date shown on this notice, the designated insurer hereby terminates the appointment of the licensee(s) named herein.

*Appoint Type: FX: Fire and Casualty LX: Life LI: Life - Limited to pre-need PL: Personal Lines
TA: Travel DO: Disability Only PF: Part Time Fraternal MC: Motor Club HP: Home Protection

NOTE: Only one appointment type per line.

| | Appoin t Type * | Social Security/ FEIN | License # | Name: As shown on license | Effective date |
|-----|-----------------------|-----------------------|-----------|---------------------------|----------------|
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If you are terminating an appointment because you have reason to believe the agent may have violated the California Insurance Code, please attach signed statement.

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name _____ Official Title _____ Date _____
Phone Number () _____

Filing fees: Submit \$22 per termination type.

Enter number of terminations X \$22 = \$

Mail Action Notice of Termination and fee to:
California Department of Insurance
P.O. Box 928
Sacramento, CA 95812-0928

Receipt Code: 8160